

RECEIVED

FEB 29 2016

RICHARD W. NAGEL
Clerk Of Court
CINCINNATI, OHIO

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
_____ DIVISION

LEE ANN THEOBALD

(Enter Above the Name of the Plaintiff in this Action)

vs.

Cleveland Clinic Foundation

(Enter above the name of the Defendant in this Action)

If there are additional Defendants, please list them:

LEO F THEOBALD

Shirley J. Theobald

1:16CV343

J. BARRETT

M.J. LITKOVITZ

COMPLAINT

I. Parties to the action:

Plaintiff: Place your name and address on the lines below. The address you give must be the address where the court may contact you and mail documents to you. A telephone number is required.

LEE ANN THEOBALD

Name - Full Name Please - PRINT

2441 LINCOLN DRIVE

Street Address

WINDY, OHIO 44052

City, State and Zip Code

440-288-8582

Telephone Number

If there are additional Plaintiffs in this suit, a separate piece of paper should be attached immediately behind this page with their full names, addresses and telephone numbers. If there are no other Plaintiffs, continue with this form.

Defendant(s):

Place the name and address of each Defendant you listed in the caption on the first page of this Complaint. This form is invalid unless each Defendant appears with full address for proper service.

1. Cleveland Clinic Foundation
Name - Full Name Please
9500 Euclid Avenue, Cleveland OH 44195
Address: Street, City, State and Zip Code
2. _____
3. _____
4. _____
5. _____
6. _____

If there are additional Defendants, please list their names and addresses on a separate sheet of paper.

II. Subject Matter Jurisdiction

Check the box or boxes that describes your lawsuit:

- ☒ Title 28 U.S.C. § 1343(3)
[A civil rights lawsuit alleging that Defendant(s) acting under color of State law, deprived you of a right secured by federal law or the Constitution.]
- ☒ Title 28 U.S.C. § 1331
[A lawsuit "arising under the Constitution, laws, or treaties of the United States."]
- ☐ Title 28 U.S.C. § 1332(a)(1)
[A lawsuit between citizens of different states where the matter in controversy exceeds \$75,000.]
- ☐ Title _____ United States Code, Section _____
[Other federal status giving the court subject matter jurisdiction.]

III. Statement of Claim

Please write as briefly as possible the facts of your case. Describe how each Defendant is involved. Include the name of all persons involved, give dates and places.

Number each claim separately. Use as much space as you need. You are not limited to the papers we give you. Attach extra sheets that deal with your statement claim immediately behind this piece of paper.

I resided at 2441 Lincoln Drive, Lorain, Ohio 44052
A Individual brought into this home
This I believed occurred as the defendant
Cleveland Clinic had accused myself of stealing
one bottle of liquid morphine I did not steal.

THE legal department of the Cleveland Clinic
Fondren at 9500 Euclid Avenue, Cleveland, Ohio
44195

did document in writing one bottle of liquid
morphine was stolen

(I did not steal one bottle of
liquid morphine)

[THIS Falselhood was legally documented by Cleveland Clinic]
I did not steal any bottle of liquid morphine
as the Cleveland Clinic documented in its letter.

* A request to obtain this information has been
denied still. (legal letter) Raymond Ewers attorney
Amherst, Ohio and possibly Elyria, Ohio Court room

IV. Previous lawsuits:

If you have been a Plaintiff in a lawsuit, for each lawsuit state the case number and caption.
(Example, Case Number: 2:08-cv-728 and Caption: John Smith vs. Jane Doe).

<u>Case Number</u>	<u>Caption</u>
_____	_____ vs. _____
_____	_____ vs. _____
_____	_____ vs. _____

V. Relief

In this section please state (write) briefly exactly what you want the court to do for you. Make no legal argument, cite no case or statutes.

I would like to have my name cleared
from "stealing the one bottle of liquid morphine
from all records of such false claims.
From the Records to include all courts" whom I still
X have this falsehood against myself.

Discharge falsehood by defendant
Defendant CCF of one bottle liquid
sister bottle of morphine I did not steal.

I state under penalty of perjury that the foregoing is true and correct. Executed on

this 23 day of February, 2016

Lee Ann Threese
Signature of Plaintiff

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RICHARD W. NAGEL
Clerk Of Court
CINCINNATI, OHIO

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
_____ DIVISION

LEO F. THEOBALD JR

(Enter Above the Name of the Plaintiff in this Action)

vs.

Cleveland Clinic Foundation

(Enter above the name of the Defendant in this Action)

1:16CV343

If there are additional Defendants, please list them:

J. BARKER
M.J. LITKOVITZ

COMPLAINT

I. Parties to the action:

Plaintiff: Place your name and address on the lines below. The address you give must be the address where the court may contact you and mail documents to you. A telephone number is required.

LEO F THEOBALD JR.

Name - Full Name Please - PRINT

2441 LINCOLN DRIVE

Street Address

WINDY, OHIO 44052

City, State and Zip Code

440-228-8582

Telephone Number

If there are additional Plaintiffs in this suit, a separate piece of paper should be attached immediately behind this page with their full names, addresses and telephone numbers. If there are no other Plaintiffs, continue with this form.

Defendant(s):

Place the name and address of each Defendant you listed in the caption on the first page of this Complaint. This form is invalid unless each Defendant appears with full address for proper service.

1. The Cleveland Clinic Foundation
Name - Full Name Please
9500 Euclid Avenue, Cleveland, OH 44195
Address: Street, City, State and Zip Code
2. _____

3. _____

4. _____

5. _____

6. _____

If there are additional Defendants, please list their names and addresses on a separate sheet of paper.

II. Subject Matter Jurisdiction

Check the box or boxes that describes your lawsuit:

- ☒ Title 28 U.S.C. § 1343(3)
[A civil rights lawsuit alleging that Defendant(s) acting under color of State law, deprived you of a right secured by federal law or the Constitution.]
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Number each claim separately. Use as much space as you need. You are not limited to the papers we give you. Attach extra sheets that deal with your statement claim immediately behind this piece of paper.

I resided at 2441 Lincoln Drive, Lorain, Ohio 44052
A Individual brought into my this home a bottle
THIS I believed occurred as the defendant
(CCF) accused myself of stealing one
bottle of liquid morphine. I did not steal.

A Individual from the Dept of the Legal of
Cleveland Clinic Foundation did document to this
in writing. it did indicate that one bottle
of liquid morphine was stolen (THIS IS FALSE I did
not steal the my bottle).

THE Defendant is Cleveland Clinic Foundation and
a former Employer of mine

The false claim of stolen bottle of liquid morphine

I submitted this to Atty Raymond ^{Ewers} Ewers to try
to resolve this claim but was denied.

Comment (my father I believe was harmed from this ~~statement~~ ^{falsehood})

This claim is not relieved from my name

LEE ANN THEOBALD or LEO F THEOBALD Jr.

A Individual did bring a bottle ~~to my~~ to myself
to 2441 Lincoln Dr, Lorain, OH Ohio 44052
~~that~~ I did not steal this bottle.

discharge -3-

To get a full discharge for myself Lee Ann Theobald
Leo F Theobald Jr to the one bottle of ~~it~~ stolen
morphine by
Cleveland Clinic Fund.

IV. Previous lawsuits:

If you have been a Plaintiff in a lawsuit, for each lawsuit state the case number and caption.
(Example, Case Number: 2:08-cv-728 and Caption: John Smith vs. Jane Doe).

<u>Case Number</u>	<u>Caption</u>
_____	_____ vs. _____
_____	_____ vs. _____
_____	_____ vs. _____

V. Relief

In this section please state (write) briefly exactly what you want the court to do for you. Make no legal argument, cite no case or statutes.

I would like my name cleared from the
falsehood of stealing one bottle of liquid
Morphine from my old records.

X Believe this record of one bottle stolen liquid morphine
assumed to be a factor in the early death of
my father Leo F THEOBALD

TO DISCHARGE the names Lee Ann Theobald &
Leo F THEOBALD from the Defendant's CCF
Accusation of one bottle stolen liquid morphine.

I state under penalty of perjury that the foregoing is true and correct. Executed on

this 23 day of February, 2016.

Lee Ann Theobald

Signature of Plaintiff

OFFICE OF THE AUDITOR

LORAIN COUNTY, OHIO

226 Middle Ave
Elyria, OH 44035
440.329.5488



J. Craig Snodgrass, CPA, CGFM
Auditor

30049***3-DIGIT 440

THEOBALD LEE ANN
2441 Lincoln Dr
Lorain, OH 44052-2724



Dear Property Owner:

My office has now completed the 2015 State-mandated Triennial Update. Listed below is your new valuation. This valuation will be effective for calendar year 2016 tax bills.

The triennial update is a midpoint value review. The last property revaluation occurred in 2012. The next revaluation will occur in 2018. Therefore, the State of Ohio requires each County to conduct market analysis in the midpoint year. For Lorain County this is 2015. The Auditor's Office has reviewed residential sales which have transferred during the 2012-2014 period. Only "arms-length" sales (bank foreclosures and Sheriff sales are not typically at arms-length) were utilized to determine differences between the Auditor's value and sale price. The new value below reflects the change within the market in the last three years and any additions or demolitions that occurred in 2014.

Parcel Number	2014 Tax Year Value	2015 Tax Year Value
03-00-048-113-011	\$71,570	\$75,150

If you had a recent sale or have an appraisal from a licensed appraiser, please consider attending and bringing all supporting information with you. Your input is important to completing the triennial process. If your informal review merits a change in value, a notice of value change will be mailed to you.

My office will be conducting informal discussions with property owners. Your meeting times are:

WHERE: Joyce Hanks Community Center
4575 E Lake Rd.
Sheffield Lake, Ohio 44054

DATES AND TIME: Wednesday, 09/23/2015
Thursday, 09/24/2015
10:30 a.m. - 6:30 p.m.

You may also ask questions or provide information through our website at www.loraincountyauditor.com. Click on the 2015 Triennial Informal Review Form on our home page. We will also have representatives available at my office Monday through Friday from 9:00 a.m. to 4:00 p.m. should you wish to visit or call concerning your property during those times.

Sincerely,

J. Craig Snodgrass, CPA, CGFM
Lorain County Auditor



DANIEL J. TALAREK
LORAIN COUNTY TREASURER

226 Middle Avenue
 Elyria, Ohio 44035

FEB 03 2016

FIRST FEDERAL SAVINGS
 & LOAN ASS'N OF LORAIN

BY

REAL ESTATE TAX BILL
FIRST HALF 2015

Due Date 02/12/2016

MESSAGES

Payment information can be obtained by calling the Treasurer at (440) 329-5787. Property valuation inquiries should be directed to (440) 329-5488. Taxpayers questioning tax rates, CAUV, Homestead, Owner Occupancy Credit or Special Assessments should contact the Auditor at (440) 329-5212. Elyria residents questioning an increase in their Special Assessment charges should call City of Elyria Engineering Dept. at (440) 326-1429.

THEOBALD LEE ANN
 2441 LINCOLN ST
 LORAIN OH 44052-2724

104 266

TAX DISTRICT

42 LORAIN CITY/LORAIN CSD
 CLASSIFICATION: RES

PARCEL NUMBER		OWNER	PROPERTY DESCRIPTION			PROPERTY ADDRESS	
03-00-048-113-011		THEOBALD LEE ANN	HOY LO MAE 465 X 110			2441 LINCOLN DR	
APPRAISED VALUE		TAXABLE VALUE (35% OF APPRAISED)	CAUV	TAX RATE	EFFECTIVE TAX RATE (mills)	NON-BUSINESS CREDIT FACTOR	OWNER OCCUPANCY CREDIT FACTOR
LAND	23480	8220					
BUILDING	51670	18080		92.822	66.141394	0.098252	0.024563
TOTAL	75150	26300					

SUMMARY OF CHARGES

GROSS TAX	1 220.61
-STATE CREDIT	350.85
SUBTOTAL	869.76
-NON-BUSINESS CREDIT	85.46
-OWNER OCCUPANCY CREDIT	21.36
-HOMESTEAD	0.00
+RECOUPMENT	0.00
NET	762.94
CURRENT ASSESSMENTS	0.00
DELINQUENT ASSESSMENTS	0.00
DELINQUENT REAL ESTATE	0.00
TOTAL	762.94

TAX DISTRIBUTION

COUNTY	163.91	>>	CO GEN FUND	22.83
TOWNSHIP	0.00		BOND RETIRE	2.30
JVS	0.00		MET PARK	14.44
SCHOOL	530.28		CHILD SERV	16.66
CITY	68.75		LCCC	43.32
MISC/HEALTH	0.00		911	5.56
SPECIAL	0.00		LCDD	36.96
			TB CLINIC	0.72
			MENTAL HTLH	19.48
			ANTI-DRUG	0.76
			CJS	0.88

ABOUT YOUR TAX BILL: The contents of your real estate tax bill are prescribed by law. Only one parcel of property can be included on a bill. Failure to receive a tax bill does not excuse failure or delay to pay any taxes, special assessments, or other charges shown on such a bill to avoid any penalty, interest or charge for such delay, pursuant to Sec. 323.13 O.R.C. Please examine tax bills enclosed. Make sure you receive all bills that you are to pay. Please return promptly to this office any bill that you are not legally bound to pay, giving this office information so that the bills can be forwarded to the proper person.

TAX INCREASES: Any increase in the amount of your current real estate tax must be attributed to valuation changes, tax levies or bond issues. Any increase due to tax levies or bond issues was voted upon and passed by the voters of your taxing district. Your County Treasurer has no Authority to increase or decrease your real estate taxes.

QUESTIONS AND PHONE NUMBERS: Questions about payments or payment options should be directed to the office of the Lorain County Treasurer. Questions about values, special assessments, tax rates, homestead exemption and farm reductions should be directed to the Lorain County Auditor. The phone number for these services are:

COUNTY TREASURER (440)329-5787 COUNTY AUDITOR (440)329-5212
LORAIN LINE - SWITCHBOARD (440)244-6261

OFFICE HOURS: The Lorain County Treasurer's office is located in the Lorain County Administration Building, 226 Middle Ave., Elyria, OH. The office is open 8:00 AM to 4:30 PM Monday through Friday.

MONTHLY ESCROW PROGRAM: The Lorain County Treasurer's Office offers a monthly payment program to help taxpayers in paying their taxes. This program is referred to as the Escrow program. Taxpayers pre-pay their half tax.

PAYMENT LOCATIONS: Treasurer's Office, 226 Middle Ave., Elyria Ohio (Public Parking at corner of 3rd & Middle)
Check with your local financial institution. Many accept payment and receipt.

LATE PAYMENTS: Payments must be in this office or post marked by closing date to avoid a 10% penalty after the due date.

INTEREST: Interest will be charged on all unpaid taxes after the second-half due date.

FORECLOSURE: If taxes are not paid within sixty days from the date they are certified delinquent, the property is subject to foreclosure for tax delinquency.

RECEIPTS: If you wish a stamped receipt, return the entire bill along with a self-addressed, stamped envelope. Your cancelled check is a valid receipt. **Please write your parcel number on the check.**

"Notice" : If the taxes charged against this parcel have been reduced by the owner occupancy credit for residences occupied by the owner but the property is not a residence occupied by the owner, the owner must notify the county auditor's office not later than March 31 of the year following the year for which the taxes are due. Failure to do so may result in the owner being convicted of a fourth degree misdemeanor, which is punishable by imprisonment up to 30 days, a fine up to \$250, or both, and in the owner having to repay the amount by which the taxes were erroneously or illegally reduced, plus any interest that may apply.

If the taxes charged against this parcel have not been reduced by the owner occupancy credit and the parcel includes a residence occupied by the owner, the parcel may qualify for the tax reduction. To obtain an application for the tax reduction or further information, the owner may contact the county auditor's office.

NOTICE TO MILITARY: If you or a member of your family are in the "National Guard" or "Reservist Actively Engaged" in Operation Enduring Freedom, or Operation Noble Eagle, you may qualify for an extension of time to pay your taxes. Please call this office for details H.B. 390
